



# California Children's Services Advisory Group Meeting

**October 12, 2022**



# Agenda

Welcome, Introductions and House Keeping Reminders	1:00 – 1:10
UCSF Whole Child Model Evaluation Update	1:10 – 1:15
CalAIM County Monitoring and Oversight Workgroup Update	1:15 – 1:35
Child Health and Disability Prevention Program Transition Update	1:35 – 1:50
Electronic Visit Verification Update	1:50 – 2:00
Break	2:00 – 2:15
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CCS Program Updates	2:45 – 3:15
Public Comment	3:15 – 3:30
Wrap-up, Next Steps and Thank You	3:30

# DHCS Staffing Updates

» Integrated Systems of Care Division Chief, Cortney Maslyn

# New CCS Advisory Group Members

- » Beth Malinowski – Service Employees International Union (SEIU) California State Council; replacing of Liberty Sanchez SEIU California State Council
- » Michael Hunn – CalOptima; replacing Richard Sanchez of CalOptima
- » Dr. Jerry Cheng – Kaiser; replacing Maya Altman of Health Plan of San Mateo

# Housekeeping & WebEx Logistics

## Do's & Don'ts of WebEx

- » Participants are joining by computer and phone (link/meeting info on [California Children's Services \(CCS\) Advisory Group website](#))
- » Everyone will be automatically muted upon entry
- » CCS Advisory Group members: 'Raise Your Hand' or use the Q&A box to submit Questions
- » Other participants: Use the Q&A box to submit comments/questions or 'Raise Your Hand' during public comment period
- » Live Closed Captioning will be available during the meeting
- » Note: DHCS is recording the meeting for note-taking purposes

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# UCSF Whole Child Model Evaluation Update

# UCSF Whole Child Model Evaluation Update

- » University of CA, San Francisco submitted the WCM Evaluation Final Report to DHCS on September 27, 2022.
- » DHCS is currently reviewing the report for submission to the Legislature on December 30, 2022.

# Next Steps

- » DHCS will be inviting select CCS Advisory Group members/stakeholders to preview the evaluation report findings on October 28, 2022. If you are interested in being considered as a select member, please reach out to [CCSRedesign@dhcs.ca.gov](mailto:CCSRedesign@dhcs.ca.gov).
- » DHCS will provide feedback to UCSF for finalization of the report.
- » Once the Legislature reviews and approves the WCM Report, DHCS will publish the report on the DHCS website.

# Advisory Group Discussion



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# CalAIM County Monitoring and Oversight Workgroup Update

# California Advancing and Innovating Medi-Cal (CalAIM)

The Department of Health Care Services (DHCS) intends to provide enhanced monitoring and oversight of all 58 counties to ensure continuous, and unwavering optimal care for children. To implement the enhanced monitoring and oversight of California Children's Services in all counties, DHCS will develop a robust strategic compliance program. Effective compliance programs begin with ascertainable goals, performance measures, and metrics capturing all federal and State requirements.

# Authorizing Statute

Assembly Bill 133, Article 5.51 established CalAIM subsection (b), requiring DHCS to consult with counties and other affected stakeholders to develop and implement all of the following initiatives to enhance oversight and monitoring of county administration of the CCS program:

- » Establish statewide performance, reporting, and budgetary standards, and accompanying audit tools used to assess county compliance with federal and state requirements applicable to the CCS program.
- » Conduct periodic CCS quality assurance reviews and audits to assess compliance with the established standards.
- » Assess each CCS program to ensure appropriate allocation of resources necessary for compliance with standards, policies, guidelines, performance, and compliance requirements.
- » Determine and implement a process to inform each CCS program of, and make available on its internet website, the latest standards, policies, guidelines, and new performance and compliance requirements imposed.
- » Establish a statewide tiered enforcement framework to ensure prompt corrective action for counties that do not meet established standards.
- » Require each county to enter into a Memorandum of Understanding (MOU) with DHCS to document each county's obligations in administering the CCS program.

[Assembly Bill 133, Article 5.51](#)

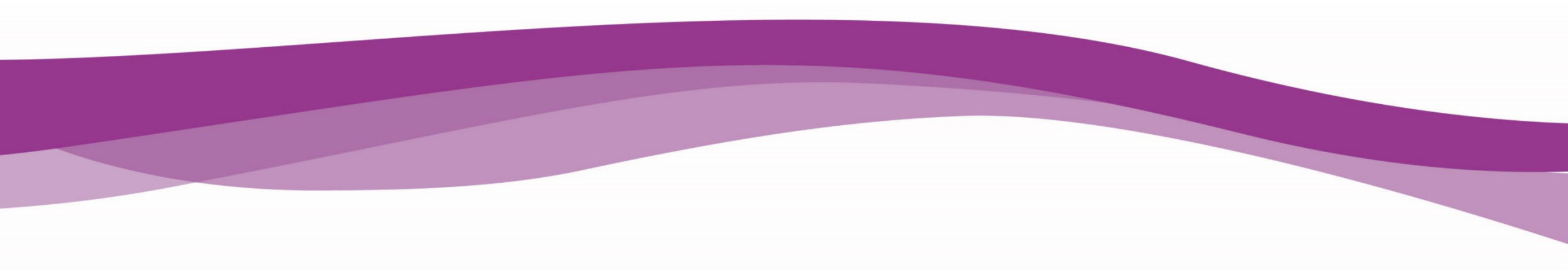
# CCS Monitoring and Oversight Workgroup Goals

- » Leverage workgroup experience, knowledge, and best practices to build a collaborative process that results in a finalized CCS *Monitoring and Oversight Compliance Program Plan* and metrics and standards
- » Finalized documents will be used to create an MOU template, supporting attachments for the different county model types, and related guidance documents that will standardize and enhance compliance, monitoring, and oversight efforts to benefit beneficiaries, counties, providers, and DHCS

# July and September Meeting Summaries

- » During the July and September meetings, the following activities occurred:
  - » Shared the draft *CCS Monitoring and Oversight Compliance Program Plan*
  - » Continued development of MOU contents including attachments such as *MOU Roles and Responsibilities* by county model type
  - » Discussion on the MOU and alignment with State guidance, CalAIM, and managed care
  - » Proposed grievance definitions and process
  - » Preliminary discussion and solicitation for workgroup feedback for metrics and standards

# **Advisory Group Discussion**



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# Children's Health and Disability Prevention Transition Update

# CHDP Transition Background

- **Transitioning the CHDP Program aligns with the Department's goal under California Advancing and Innovating Medi-Cal (CalAIM).**
- **DHCS will sunset the CHDP Program effective July 1, 2024.**
- **The CHDP Transition preserves:**
  - Presumptive eligibility enrollment activities currently offered through the CHDP Gateway,
  - Activities under the CHDP-Childhood Lead Poisoning Prevention Program (CLPP); and,
  - The Health Care Program for Children in Foster Care (HCPCFC)
- **DHCS will launch the Children's Presumptive Eligibility (CPE) Program to replace the CHDP Gateway.**
  - It will increase the number of children presumptive eligibility providers to include all Medi-Cal providers.

# CHDP Transition Requirements

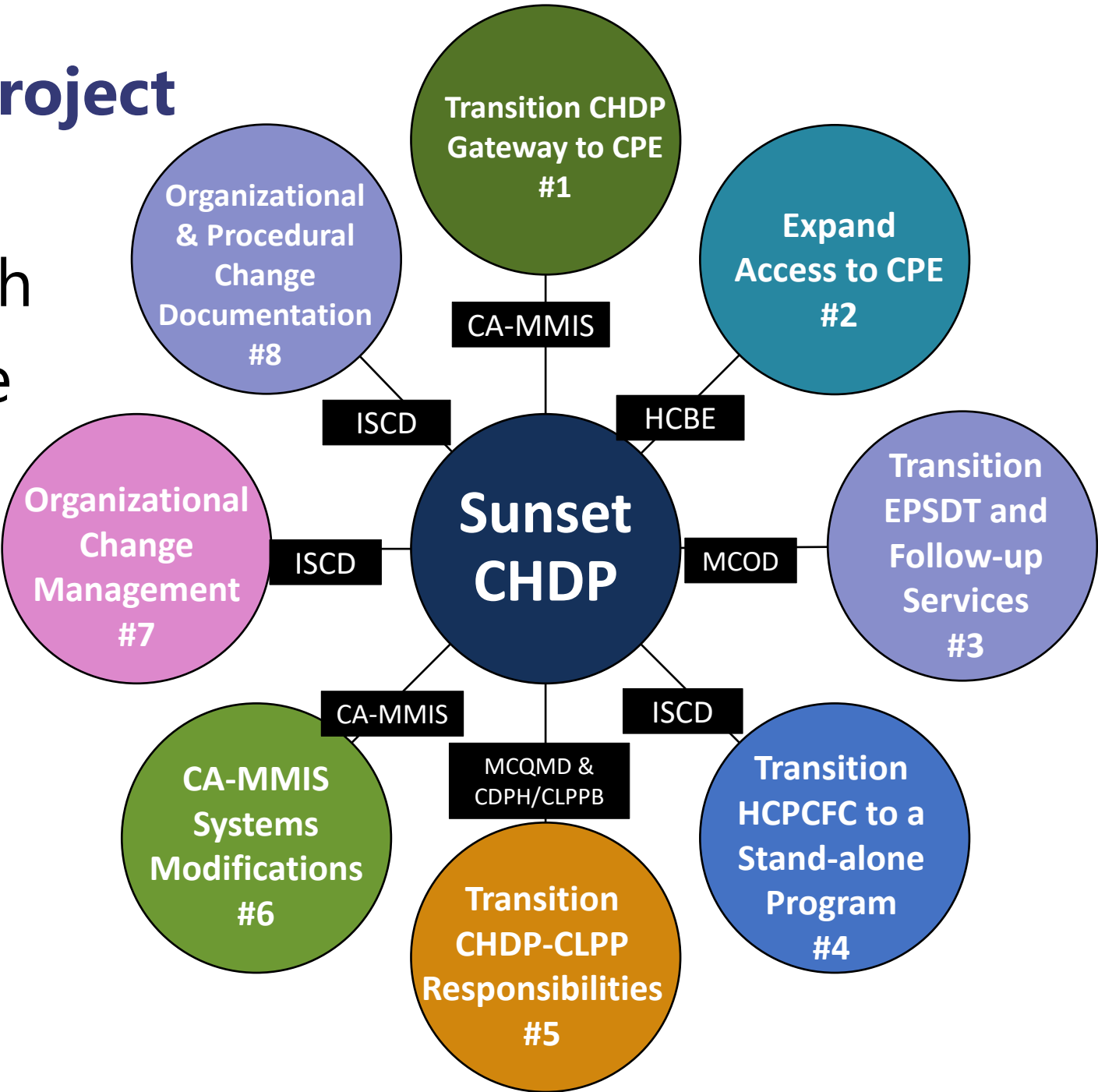
## **Senate Bill 184 - Health and Safety Code (HSC) § 124024**

Before July 1, 2024, DHCS must take the following steps:

1. Conduct a stakeholder engagement process.
2. Develop a Transition Plan.
3. Provide an update to the Legislature during the 2023-24 budget hearings on the proposed transition plan.
4. Take actions necessary to continue Medi-Cal presumptive eligibility for children under 19 years of age, including expanding access within the CPE Program to include all eligible Medi-Cal providers.
5. Take actions necessary, in consultation with the State Department of Social Services, to continue the HCPCFC, including entering into contracts pursuant to subdivision (f) of § 16501.3 of the California Welfare and Institutions Code (WIC).
6. Take actions necessary, in consultation with the State Department of Public Health, to continue the CLPP Program activities.
7. Seek any federal approvals the department deems necessary to implement HSC § 124024.

# Overall CHDP Transition Project

**Objective:** To transition the CHDP program and establish the HCPCFC as a standalone program.



# CHDP Stakeholder Engagement Process

- » The first stakeholder engagement meeting was held on September 22, 2022.
- » The second stakeholder engagement meeting will be held on February 23, 2023, from 2-4PM.
- » If you are not a workgroup member you can join as a member of the public, the link for the meeting will be listed here: [CHDP Transition \(ca.gov\)](#).

# **Advisory Group Discussion**



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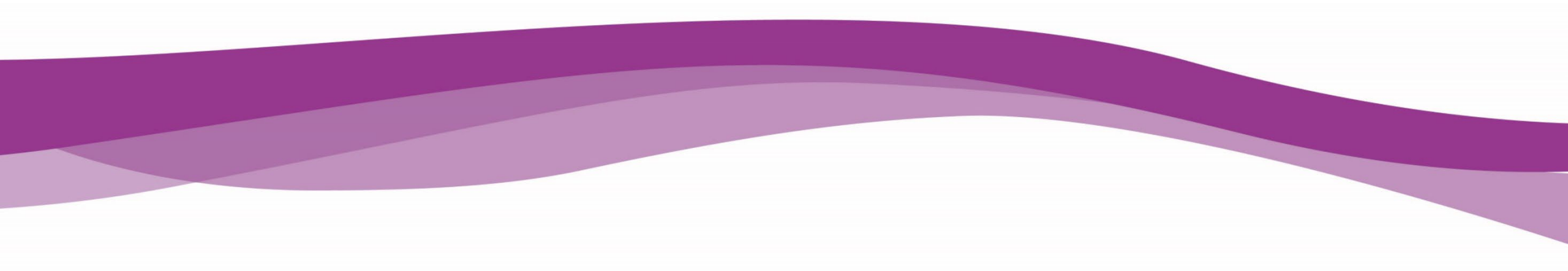
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# Electronic Visit Verification Update

# Electronic Visit Verification (EVV) Update

- » The California Electronic Visit Verification (CalEVV) soft launch occurred on September 8, 2022
- » Steps to come into compliance with EVV by January 1, 2023 include completing registration and training and be submitting EVV data.
- » Provider Compliance – Registered and Trained by January 1, 2023
- » EVV Provider Types and Codes are updated on the DHCS webpage at the following link: [Provider Types and Codes](#)

# **Advisory Group Discussion**



# Agenda

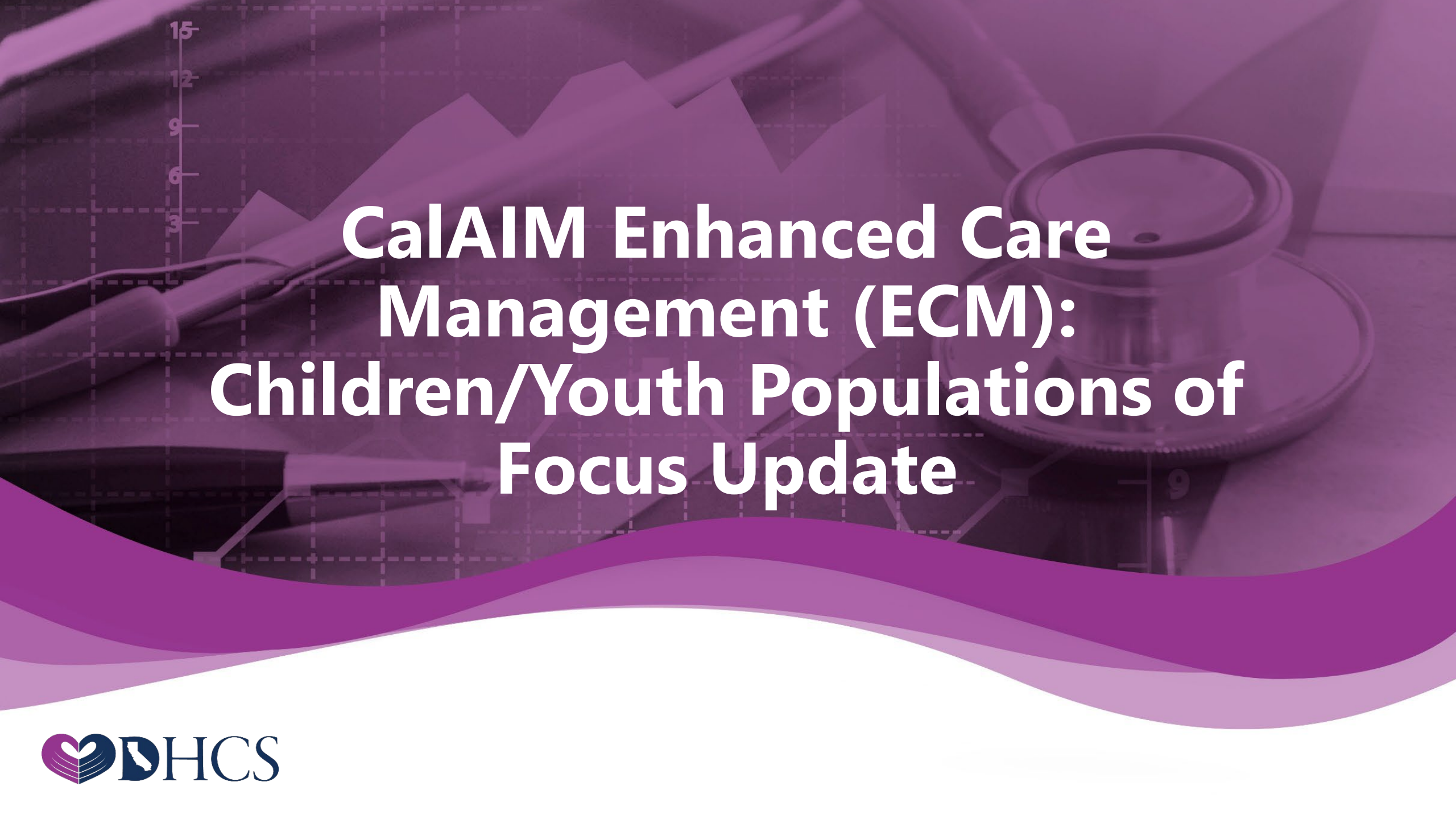
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# Break

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# **CalAIM Enhanced Care Management (ECM): Children/Youth Populations of Focus Update**

# Agenda

## **1) ECM Program Overview**

## **2) ECM for Children and Youth Population of Focus (POFs)**

- a) Proposed “CCS / CCS WCM” POF definition for the July 2023 launch
- b) Proposed overlap principles defining intersections between ECM and CCS / CCS WCM programs

# ECM Program Overview

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# CalAIM Care Management Continuum

Managed Care Plans (MCPs) are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas.



**Enhanced Care Management (ECM)** is for the **highest-need members** and provides intensive coordination of health and health-related services.

**Complex Care Management (CCM)** is for members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

**Basic Population Health Management (BPHM).** BPHM is the array of programs and services for **all** MCP members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

**Transitional Care Services** are also available for all Medi-Cal MCP members transferring from one setting or level of care to another.

# What is Included in ECM?

**DHCS has defined seven “ECM core services,” which must be provided regardless of county/region or ECM Population of Focus for both adults and children/youth.**



**Outreach and Engagement**



**Comprehensive Assessment and Care Management Plan**



**Coordination of and Referral to Community and Social Support Services**



**Enhanced Coordination of Care**



**Member and Family Supports**



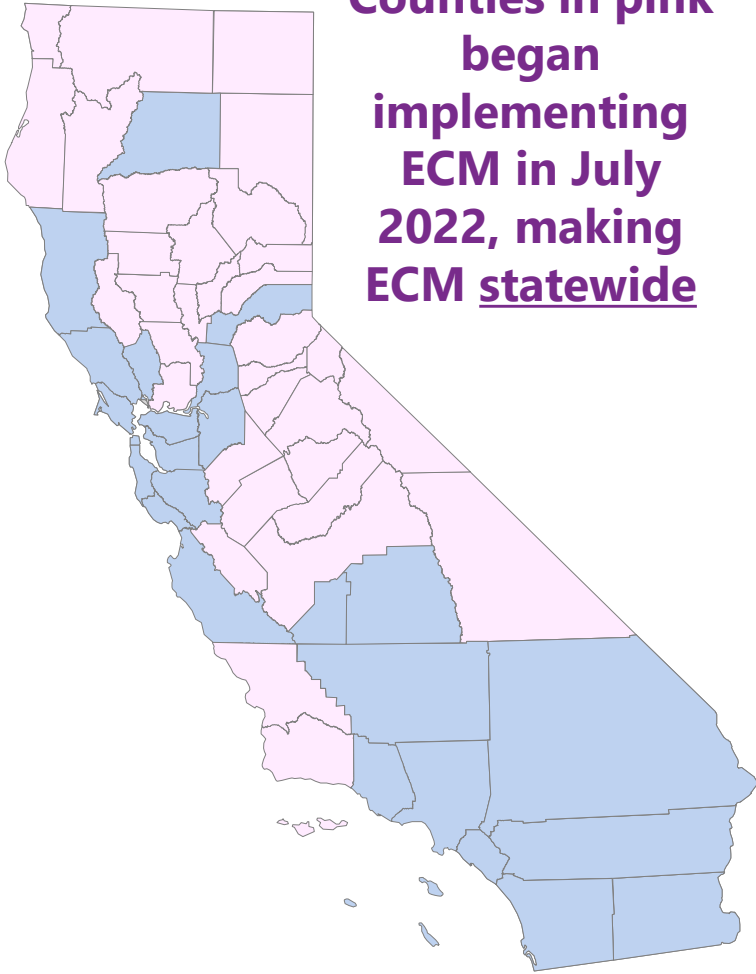
**Health Promotion**



**Comprehensive Transitional Care**

# Launch and Expansion of ECM

Counties in pink began implementing ECM in July 2022, making ECM statewide



ECM Populations of Focus	Go-Live Timing
<ul style="list-style-type: none"> <li>Individuals and Families Experiencing Homelessness</li> <li>Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization</li> <li>Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs</li> <li>Individuals Transitioning from Incarceration (some WPC counties)</li> <li><b>Individuals with an Intellectual or Developmental Disability</b></li> </ul>	<p>January 2022 (WPC / HH counties)</p> <p>July 2022 (all other counties)</p>
<ul style="list-style-type: none"> <li>Adults Living in the Community and At Risk for Institutionalization and Eligible for Long Term Care (LTC) Institutionalization</li> <li>Adults who are Nursing Facility Residents Transitioning to the Community</li> </ul>	<p>January 2023</p>
<ul style="list-style-type: none"> <li><b>Children &amp; Youth Populations of Focus*</b></li> <li><b>Individuals Transitioning from Incarceration*</b></li> </ul>	<p>July 2023</p>
<ul style="list-style-type: none"> <li><b>Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes*</b></li> </ul>	<p>January 2024</p>

*\*See later slides for more information on these POFs.*

# ECM for Children/Youth POFs

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# All ECM Populations of Focus

Today's discussion will be on the Children and Youth Populations going live in July 2023, with a specific focus on POFs #5 and #7.

ECM Population of Focus		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (formerly called High Utilizers)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
<b>5</b>	<b>Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition</b>		✓
6	Children and Youth Involved in Child Welfare (up to age 26)		✓
<b>7</b>	<b>Individuals with an Intellectual or Developmental Disability</b>	✓	✓
8	Pregnant and Postpartum Individuals (Adults & Youth) At Risk for Adverse Perinatal Outcomes	✓	✓
9	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
10	Adults who are Nursing Facility Residents Transitioning to the Community	✓	

**NOTE:** ECM POFs are not mutually exclusive; an individual might qualify for ECM via more than one POF

# ECM POF #5: Children/Youth Enrolled in CCS / CCS WCM with Additional Needs Beyond Their CCS Condition

## Children/youth who:

**(1)** Are enrolled in CCS **OR** CCS WCM

**AND**

**(2) Are actively experiencing at least one complex social factor influencing their health.** For example:

- Lack of access to food,
- Lack of access to stable housing,
- Difficulty accessing transportation,
- High measure (4 or more) of Adverse Childhood Experiences (ACEs) screening,
- History of recent contacts with law enforcement or other crisis intervention services related to mental health, and/or
- Substance use symptoms

MCPs that offer CCS WCM are expected to adhere to all ECM requirements including contracting with community-based providers, even if CCS WCM is delivered in house at the MCP.

# ECM POF #7 Individuals with an Intellectual or Developmental Disability (I/DD)

**Adults, children, and youth who:**

**(1) Have an I/DD**

**AND**

**(2) Qualify for eligibility in any other adult or children/youth ECM POF**

## **Notes on the Definition:**

- ECM is live, as of January 1, 2022, for adults with an I/DD that meet the eligibility criteria for any adult ECM POF. ECM will be live, beginning July 1, 2023, for children/youth with an I/DD that the meet the eligibility for any children/youth ECM POF.
- Members receiving services through Regional Centers may receive ECM if they meet the eligibility criteria for this POF; Regional Centers may contract with MCPs to serve as ECM Providers.
- Members actively receiving services through a 1915(c) waiver program are not eligible to receive ECM.
- Members actively residing in an [Intermediate Care Facility for Individuals with Intellectual Disabilities \(ICF/IID\)](#) are not eligible to receive ECM.

This POF has been added to clarify that ECM is available for individuals with an I/DDs. However, it does not change existing policies.

# How ECM will Enhance CCS

California has existing programs with a care coordination/care management component that serve many of the same children and youth who will be served in ECM.

## Children & Youth Focused California Programs

- » **California Children's Services (CCS)**
- » **CCS Whole Child Model (WCM)**
- » Specialty Mental Health Services (SMHS)  
Targeted Case Management (TCM)
- » SMHS Intensive Care Coordination (ICC)
- » California Wraparound
- » Health Care Program for Children in Foster Care (HCPCFC)

### Vision

- ECM will provide whole child care management **above and beyond** what is provided by the pre-existing programs
- ECM serves as the **single point of accountability** to ensure care management across multiple systems/programs – the “air traffic control” role
- ECM does **not take away funding from existing care management programs**; other programs' care managers can choose to enroll as an ECM provider and receive **additional** reimbursement for ECM from MCPs.

# How MCPs are Expected to Coordinate with CCS

Child is enrolled in CCS and is eligible for ECM

★ **Preferred Option.** Child's existing care management program serves as the child's ECM provider

- MCP contracts with CCS and other existing care management programs
- If a child is enrolled in CCS that the MCP has contracted with to be an ECM provider, then the MCP must assign ECM responsibilities to the CCS care manager, unless the child or parent/caregiver indicates otherwise
- If a child has multiple care managers with whom the MCP could contract for ECM (e.g., CCS & ICC), then the MCP must have the child or parent/caregiver identify their ***preferred*** ECM provider
  - The assigned ECM provider is responsible for coordinating with the child's other care managers and the MCP must ensure non-duplication of services

Child's existing care management program does not serve as ECM provider

- MCP must assign the child to an ECM Provider
- MCP must ensure the child receives ECM services and does not receive duplicative care management services or be subject to processes that duplicate what the existing model is already doing (e.g., screening and assessment)
- MCPs must regularly check available data feeds and establish processes and requirements to identify and eliminate any duplication of services

# How do ECM Payments Work

**MCPs will pay contracted ECM Providers for provision of services to ECM members based on MCP and provider negotiated rates.**



- Medi-Cal MCPs receive funding for ECM from DHCS through their capitated rates.
- MCPs have flexibility to negotiate individual contracts and payment terms with ECM providers to deliver ECM services. Payment terms may vary across plans.
- Services may be provided directly by the ECM provider, or certain activities may be subcontracted to other entities.
- If ECM providers subcontract with other entities, they will need to establish separate contracts and payment terms with those entities.

For more information, see the [ECM Provider Toolkit](#)



# Thank you

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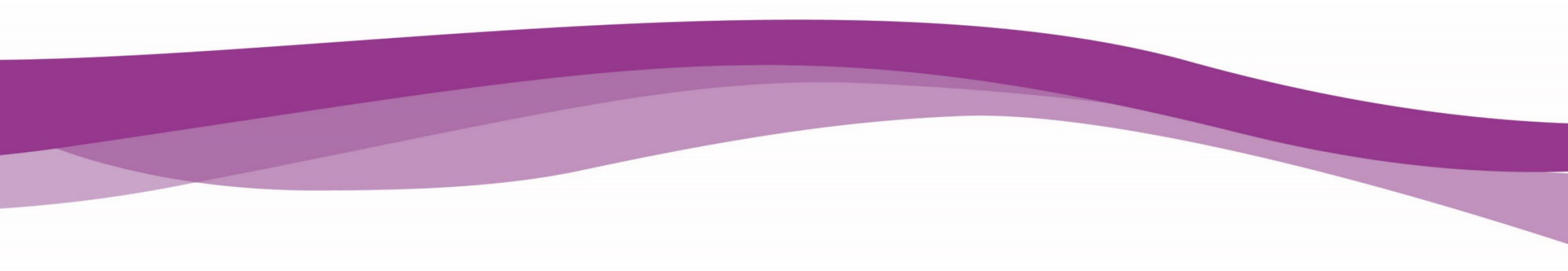
## **Key resources:**

- » DHCS CalAIM Website: <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>
- » DHCS ECM and Community Supports Website: <https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

# CCS-Case Management Definition Update

- » DHCS is actively working to finalize a CCS Case Management Definition that aligns with other delivery system case management definitions while taking into account the CCS program requirements and CCS stakeholder feedback.
- » DHCS plans to distribute the draft definition and core case management activities to core CCS stakeholders including the CCS AG, the CCS M&O workgroup, and MCPs for review and comment.

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# CCS Program Updates

# CCS - Quality Metrics Workgroup

- » DHCS has messaged its intent to create a CCS Quality Metrics Workgroup. The workgroup will comprise DHCS' teams – including the Integrated Systems of Care Division (ISCD), Quality and Population Health Management (QPHM), and Enterprise Data and Information Management (EDIM) – and external CCS stakeholders to identify and improve health outcomes and quality of care for children and youth.
- » DHCS initially planned to launch the workgroup in the latter half of 2022 but has updated its timeline to implement in the first half of 2023 following the release of the Whole Child Model evaluation and while other efforts are being taken to look at core set measures and assessing measures being considered through the CCS monitoring and oversight initiative.
- » DHCS received response to our initial solicitation for workgroup members but will be reaching back out to verify continued interest and solicit any additional interest when we re-engage the effort.

# Annual Medical Review Update

- » DHCS has requested feedback on proposed changes to the NL and WCM APL to address the Annual Medical Review language.
- » DHCS has received feedback from WCM CCS County programs, Partnership Health Plan, Local Health Plans of California, CRISS and CHEAC.
- » DHCS after reviewing the feedback is considering the following:
  - » Further defining the county's role and responsibility surrounding requests for additional reports from the MCP when the initial reports don't contain the information needed. While, adding clarity on which entity requests the additional documentation needed from the provider.
  - » Adding clarity surrounding documentation submitted past the 60-day timeframe if the documentation is obtained after the 60-day timeframe.
  - » Adding clarity on the role of the county to confirm the CCS-eligible condition and the role of the WCM plan to send documentation that supports the diagnosis of each of the member's potential CCS-eligible conditions.

# Policy Document Update

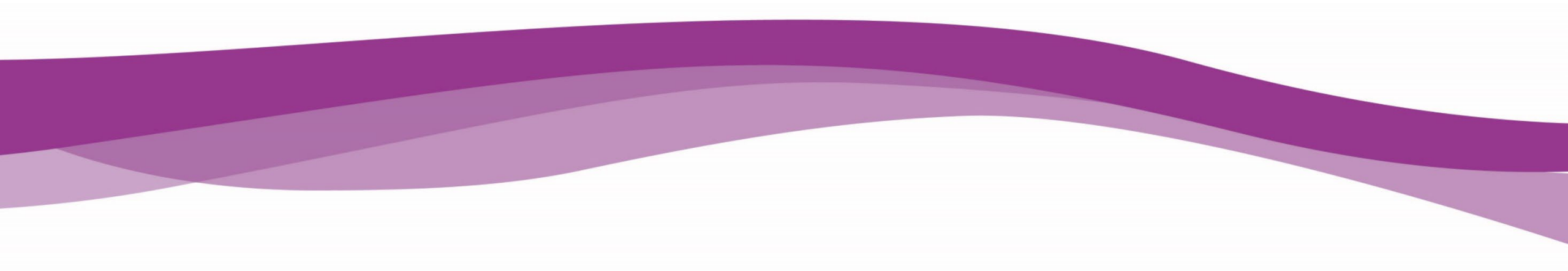
## Posted

- » Numbered Letter [02-0822](#): Assistive Communication Technology Devices and Related Services
- » Information Notice [22-04](#); Palivizumab for Immunoprophylaxis of Respiratory Syncytial Virus Infection during 2022-2023

## In Queue for Posting

- » Trikafta (CFTR Modulator Drug Therapies) Numbered Letter
- » Incontinence Medical Supplies Numbered Letter
- » Continuous Glucose Monitor Numbered Letter
- » Cystic Fibrosis and Pulmonary Standards
- » Medical Necessity Determination Numbered Letter
- » Medi-Cal Rx Information Notice
- » Low Protein Therapeutic Foods Information Notice

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# Public Comment

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# Wrap-up and Next Steps

- » Next CCS Advisory Group Meeting:
  - January 11, 2023 from 1 to 4 pm
- » For CCS Advisory Group information, please visit:  
<https://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>
- » For WCM information, please visit:  
<http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>
- » If you would like to be added to the DHCS CCS interested parties email list, or if you have questions, please email [CCSRedesign@dhcs.ca.gov](mailto:CCSRedesign@dhcs.ca.gov).

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# Thank you!

# Appendix

# ECM POF #1 Children, Youth and Families Experiencing Homelessness

***Children and Youth Experiencing Homelessness, and Their Adult Parent(s), Guardian(s), Caregiver(s), if the Family is Experiencing Homelessness Collectively***

## **Children, Youth, and Families who:**

**(1)** Are experiencing homelessness, as defined in the Adults Experiencing Homelessness Other than those Experiencing Homelessness with Dependent Children/Youth POF

**OR**

**(2)** Are sharing the housing of other persons (i.e., couch surfing) due to loss of housing, economic hardship, caregiver-child conflict, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals *[modified from the 45 CFR 11434a [McKinney-Vento Homeless Assistance Act](#)]*

**OR**

**(3)** Are migratory children (as such term is defined in section 6399 of title 20) who qualify as homeless *[modified from the 45 CFR 11434a [McKinney-Vento Homeless Assistance Act](#)]*

- Unlike the (childless) adult Population of Focus definition, children, youth, and families do **not** need to meet additional criteria
- Clauses (2) and (3) are included for children, youth, and families to ensure ECM captures the breadth of unsafe and substandard living conditions that children and youth may experience

# ECM POF #2 Children/Youth At Risk for Avoidable Hospital or ED Utilization

PRE-DECISIONAL

## Children/youth with:

(1) **Three or more ED visits** in a **twelve-month period** that could have been avoided with appropriate outpatient care or improved treatment adherence;

## AND/OR

(2) **Two or more unplanned hospital stays** in a **twelve-month period** that could have been avoided with appropriate outpatient care or improved treatment adherence.

## Notes on the Definition:

- MCPs may choose to authorize ECM for children/youth who are at risk for avoidable hospital/ED utilization who would benefit from ECM but who may not meet numerical thresholds (1) and/or (2).
- However, this flexibility does not displace the numerical thresholds provided in the definition. MCPs must use the numerical thresholds to identify children/youth in this POF. MCPs should have a consistent approach (e.g., algorithms or other methodologies) for identifying this population and should describe it in their Model of Care Addendum II Template submission to DHCS.

- Based on stakeholder feedback, the **POF is being been renamed** across adults and children to avoid blame connotations associated with terms like “frequent utilizer”/“high utilizer”.
- The **children/youth eligibility criteria have lower thresholds compared to adults**. For adults, the threshold remains “**Five** or more ED visits” and/or “**Three** or more unplanned hospital stays” in a **six-month** period, with flexibility for MCPs to engage others with patterns of utilization that suggest the individual would benefit, even if strict counts not met.

# ECM POF #3 Children/Youth with Serious Mental Health and/or SUD Needs

## Children/youth who:

Meet the eligibility criteria for participation in or obtaining services through:

- The county Specialty Mental Health System (SMHS) **AND/OR**
- The Drug Medi-Cal Organization Delivery System (DMC-ODS) **OR** the Drug Medi-Cal (DMC) program.

- This POF has expanded to include children/youth with SUD needs in addition to children/youth with mental health needs. It aligns with the adult serious mental health and/or SUD eligibility criteria (which is also based on eligibility for county SMHS, DMC-ODS, and/or DMC);
  - However, unlike adults, children/youth are **not** required to have additional complex social factors influencing their health or be a high utilizer in order to qualify for ECM.
- This POF aligns with the new SMHS access criteria ([Behavioral Health Information Notice \(BHIN\) No. 21-073](#)) implemented on January 1, 2022 which ensures that children and youth who are at **high risk for mental health disorder**, in addition to those already diagnosed, are eligible for ECM.
- The access criteria for DMC-ODS and DMC are available here: [BHIN No. 21-019](#) for DMC-ODS and [CCR, title 22, § 51341.1](#) for DMC.

# ECM POF #4 Children/Youth Transitioning from Incarceration

## Children/youth who:

- Are transitioning from being in custody of a youth correctional facility or transitioned from being in custody of a youth correctional facility within the past 12 months.

## Note on the Definition:

- The eligibility criteria listed above align with the eligibility criteria for targeted pre-release services that will be available to Members in prisons, jails and youth correctional facilities as requested in California's CalAIM 1115 justice initiative waiver amendment and renewal application as of the date of publication of this ECM Policy Guide. As such, all Members who receive pre-release Medi-Cal services will be eligible to receive ECM until reassessment is conducted by the MCP, which may occur up to six months after release.
- As of September 2022, the CalAIM 1115 justice initiative waiver request has not yet been approved by the Centers for Medicare and Medicaid Services (CMS), and, as such, the above criteria are subject to change.

# ECM POF #6 Children/Youth Involved in Child Welfare

## Children/youth who are:

- (1) Under age 21 and are currently receiving foster care in California; OR**
- (2) Under age 21 and was previously receiving foster care in California or another state within the last 12 months; OR**
- (3) Have aged out of foster care up to age 26** (they were in foster care on their 18<sup>th</sup> birthday or later) in California or another state; **OR**
- (4) Under age 18 and are eligible for and/or in California's Adoption Assistance Program (AAP); OR**
- (5) Under age 18 and are receiving or have received within the last 12 months services from California's Family Maintenance.**

## Notes on the Definition:

- California's [Adoption Assistance Program \(AAP\)](#) is defined by [WIC 16120](#) and available to children under age 18 or under age 21 if the child has a mental or physical handicap that warrants the continuation of assistance, per [WIC 16120\(d\)](#). AAP provides financial and medical coverage with the goal of facilitating the adoption of children who otherwise may have remained in long-term foster care. AAP is provided for up to five years.
- California's Family Maintenance program is defined by [WIC 16506](#) as services that "shall be provided or arranged for by county welfare department staff in order to maintain the child in his or her own home." Family Maintenance provides strength-based, family-focused services to support a child or youth remaining in a safe, secure, stable home. Services are only eligible up to age 18.

# ECM POF #8 Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes

PRE-DECISIONAL

## Adults and youth who:

(1) Are pregnant **OR** are postpartum (12-month period)

**AND**

(2) **Qualify for eligibility in any other adult or youth ECM POF;**

**AND/OR**

(3) Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality. *[NOTE: (3) will go live on January 1, 2024]*

### Notes on the Definition:

- Clause (2) is already live statewide as of January 1, 2022 for adult Populations of Focus and will go live statewide starting July 1, 2023 for children/youth Populations of Focus.
- Clause (3) will go-live statewide on January 1, 2024.
- Based off of the California Department of Public Health's most recent public health data (including the [Prenatal Care Dashboard](#) and [Pregnancy-Related Mortality Dashboard](#)), **the racial and ethnic groups experiencing disparities in care for maternal morbidity and mortality are American Indian and Alaska Native, Black, and Pacific Islander pregnant and postpartum individuals.**

- DHCS is making this change simultaneously with the launch of Children and Youth POFs in recognition of the tie between investment in perinatal care and outcomes for children and youth.
- Adult and youth MCP Members participating in programs serving pregnant/postpartum individuals who meet the eligibility criteria of any ECM POF are eligible to receive ECM.